

piece of meat which was held opposite the internal angle of the right eye, but attempted to seize it when it was moved to the external angle of the same eye. Covering the right eye with the bandage, and placing the meat before the external angle of the left eye, the animal remained indifferent. Moving it to the internal angle of the same eye, and he again tried to obtain it. These facts prove that the intersection of the fibres of the optic nerves is incomplete.

Similar experiments were made—the right occipital lobe being extirpated. As a result of these researches—it was demonstrated that, after the extirpation of the posterior portion of the brain, dogs lose the sense of sight. These facts contradict the statements of Goltz who maintains that a dog, eighteen months after the extirpation of the brain would exhibit no signs of blindness.

In the case of the monkey, as demonstrated by Vitzou, the extirpation of the occipital lobes was accompanied by total and permanent blindness.

Cerebral Condition in Hypnosis.—By De Sarlo and Bernardini, (Rev. Sperin. de Fren., 1892). The following results were obtained from experiments on a portion of the brain of an epileptic, laid bare by a fall. During the experiments the subject lay in a cataleptic state, it being found impossible to produce in him the typical somnambulic condition. The cerebral circulation varies according to the hypnotic condition; the peripheral and cerebral circulations are not antagonistic during hypnosis; a more rapid pulse and a normal and regular respiration are characteristic; hypnotic influence is but transient as pertaining to cerebral temperature.

How does the Visual Apparatus React to Electrical Stimulation?—By A. Hoche, (Arch. für Psychiatrie, 1893). A study of the effects of electricity upon the normal eye. The least current necessary to produce a luminous sensation varies from $\frac{1}{50}$ to $\frac{1}{5}$ of a milliampere. The first sensation of light is found to appear at the closing of the anode but not the closing of the cathode; the opening of the anode has the weakest action, while the opening and closing of the cathode have but medium strength.

Entirpation of Large Portions of the Spinal Cord.—By Goltz and Ewald, (Neurol. Centralblatt, 1892). The reviewer is interested in this account of the authors, because he saw the animal thus experimented upon while in Strassburg, in August, 1891. There was removed from

the dog, the posterior portion of the spinal cord 13 centimeters in length, extending to the height of the fifth cervical.

The lower limbs and posterior part of the body was of course paralyzed. No trophic changes in the skin. The movements of the intestines, the bladder and the blood vessels, as well as, digestion were normal. The evacuations were consistent and regular; micturition difficult but urine is normal. In spite of total paralysis of the voluntary muscles the vascular *tonus* persists in the upper part the body. The skin becomes red when rubbed at any point whatever. There is also in the case of this animal, regulation of the temperature, as with the normal dog.

Arthropathia Tabidorum.—A. E. Sterne (Med. Record, January 28, 1893). Arthropathia tabidorum, and the spontaneous fractures which occur in tabes patients, are trophic affections, due to a general disturbance of weakened nutrition in a weakened organism. They stand in near relation to tabes dorsalis, if not directly connected with that disease. These affections have a characteristic stamp. They may be traumatic in origin; are so, however, only in the minority of cases. They occur in every stage of tabes, yet seem to have a certain predilection for the pre-ataxic period. From a pathological-anatomical standpoint, these affections should be considered in part as peculiar, their classification as arthritis deformans is not permissible. In part, however, they may be regarded as examples of the latter disease, and their commencement is often an intracapsular fracture. The cause of these conditions is to be sought for in a degeneration of the peripheric nerves, a lesion probably constant in tabes. Furthermore, the neuritis of the spinal nerves stands to the sclerosis of the posterior columns of the cord, as does the neuritis of the cranial nerves to the cerebral lesion. The ataxy, the analgesy, and the fragilitas osseum, are factors which influence, considerably, the course of these affections. They cannot, however, be looked upon as their causes. Each of these factors may be absent, most readily the ataxy. The therapy should be as conservative as possible. Resource to surgical measures should be taken only in special instances.

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